Medical Brief: AIR FORCE INSTRUCTION 10-245, 21 JUNE 2002, AIR FORCE ANTITERRORISM (AT) STANDARDS

NOTE: This document has changed remarkably from AFI 31-210, 1 Aug 99. There is no substitute to reading it completely and carefully. I have made this Medical Brief to give Team Aerospace personnel a ready reference of medical responsibilities required by this Air Force Policy. I want to thank HQ AFMOA/SGXW and SGZT personnel for their vital inputs and for their support of HQ AMC/SGP input. I also want to thank my HQ USAFE/SG and HQ AMC/SG leadership for their vital support as we instilled Medical into this Air Force Policy document from a document that didn't mention the word Medical in 1997.

SUMMARY OF REVISIONS

1. Adds considerations for food and water security and mail handling procedures.
2. Requires local Vulnerability Assessments (VA's) be conducted annually, with the exception of the year the installation receives a higher headquarters VA. Establishes criteria for determining which DoD sites/facilities require VAs. Requires commanders to prioritize, track and report vulnerabilities identified during VAs to the next general officer/flag officer or equivalent.

1.1.3. Countering the Threat.

Countering the terrorist threat requires a fully integrated and coordinated AT approach with a number of key areas that include at a minimum: Civil Engineers (readiness and security engineering), NBC Defense, EOD, Fire Protection, Services (food), Public Affairs, Communications, Intelligence, Operations, Security Forces, **Surgeon General,** Judge Advocate, Comptroller and Air Force Office of Special Investigations (AFOSI).

2.1.1. DoD Standard 1 - DoD AT Policy.

2.1.1.1.1. The AF/XO chairs the FP Summit. The Force Protection (FP) Summit, serves as the primary organization to oversee Air Force efforts to improve and coordinate FP matters. Core members include MAJCOM/CVs, IL, JA, SC, **SG**, XP, DP, RE, SAF/IG, SAF/FM and the NGB/CF. Support members include XOF, XOI, SAF/IGX, HQ AFOSI, AFCESA, and the AF FP Battlelab. The FP Summit is chartered to:

2.1.1.1.1.1. Monitor the status of policy implementation.
2.1.1.1.1.2. Provide long term FP vision and direction.
2.1.1.1.1.3. Monitor the adequacy of AF-wide (MAJCOM) FP programs and resourcing methods to meet FP requirements in concert with the AF Corporate Structure.

2.1.1.1.2. The AF/XOF chairs the Air Staff FP Steering Group (FPSG). The FPSG is an Air Staff multidisciplined body chartered to meet semiannually to improve doctrine, policy, tactics, techniques and procedures for FP operations. The FPSG makes recommended policy changes to the AF/XO. Core members include: SAF/IGX, AF/ILE, AF/ILV, AF/SCX, AF/JAI, **AF/SGX,** AF/XOI, AF/XOO, AF/XPP, AF/REX, AF/FMB and ANG/DOF.

2.1.1.1.2.2. Oversees the vulnerability assessment program.
2.1.1.1.2.3. Reviews medical support requirements for FP planning and force health protection.
2.1.1.1.2.6. Monitors nuclear, biological and chemical defense matters and policy.
2.1.1.1.2.7. Ensures AF installations develop AT programs according to this instruction.

2.1.1.1.3. The Air Staff FP Working Group (FPWG), chaired by AF/XOFP, is an action officer level group meeting quarterly to work FP issues as directed by the FPSG. Core members are:

IGX, ILEX, ILVR, **SGXW**, SCTI, JAI, XOFP, AFIAA, XOOO, and XOIA.

2.1.1.4. **Air Force Surgeon General (AF/SG):**
2.1.1.4.1. Serves as the office of primary responsibility (OPR) for total force health protection.
2.1.1.4.2. Ensures antiterrorism and force protection requirements are incorporated into Air Force Medical Service planning and programming.
2.1.1.4.3. Serves as member of the Force Protection Summit.

2.1.1.5. **Assistant Surgeon for Medical Readiness, Science and Technology (SGX):**
2.1.1.5.1. Attends the Force Protection Steering Group. Provides personnel to attend the FPWG.
2.1.1.5.2. Integrates medical readiness requirements into AT plans to include mass casualty planning, Weapons of Mass Destruction (WMD) identification and control, comprehensive health (disease/environmental/occupational) surveillance programs, food and water vulnerability assessments and other appropriate preventive medicine measures.

2.1.1.6. **Air Force Medical Operations Agency (AFMOA).** Develops medical operational guidance for mass casualty planning, WMD identification and command, comprehensive health (disease/environmental/occupational) surveillance programs, food and water vulnerability assessments and other appropriate preventive medicine measures.

2.1.1.14. MAJCOMs and installations shall establish FPWGs to serve as the commander's primary advisory body on AT policy and program management. Membership will include SF, **MG**, DP, AFOSI, CE, SV, XP, OG, LG, SPTG, SC, IN, JA, FM, PA and representatives from all tenant units. Installation commanders may use the Installation Security Council (ISC) to fulfill this requirement.

NOTE: The MG stands for Medical Group and is intended for the Installation FPWG participation. MAJCOM/SG should provide a representative for MAJCOM FPWGs.

2.3. DoD Standard 3 - Assignment of AT Operational Responsibility.
When AT responsibilities for the CINCs and/or Services and/or DoD Agencies conflict or overlap, and are not otherwise governed by law, a specific DoD policy or an appropriate memorandum of agreement, **the geographic CINC's force protection policies will take precedence over all force protection policies or programs of any DoD component deployed in that command's area of responsibility (AOR) and not otherwise under the security responsibility of the Department of State (DoS).** Commanders at all levels shall take appropriate measures to protect DoD personnel, families, facilities, material and reduce the vulnerability to terrorist use of WMD.

2.5. DoD Standard 5 - Comprehensive AT Development, Implementation and Assessment.
2.5.1. AT Management. To develop and implement AT programs and plans, CINCs, Services, and/or DoD Agencies, shall designate a full-time staff officer in writing to supervise, inspect, exercise, review, assess and report on the AT program within the theater of command. **At the theater level, component commanders provide the critical linkage from the CINC to the operating forces. Therefore, component commanders are responsible to provide direct AT/FP support to all forces, including transit forces. This direct support should include threat and VAs of routes and sites used by transiting forces, intelligence support, and AT augmentation.** In order to effectively implement the standards in DoDI 2000.16, component commanders shall maintain a full-time Antiterrorism Officer (ATO) and consider a full-time

AT/FP staff.

2.5.2. Another critical link to operating forces is logistics support. The logistics contracting process for support of operational forces shall incorporate considerations for AT measures during contracting requirement, award, execution, and the evaluation process when the effort to be contracted for could affect the security of operating forces, particularly in-transit forces. **Geographic CINCs shall ensure that component commanders, in coordination with the relevant country team, verify that all logistics support contracts and agreements consider AT for a particular security environment. During the evaluation process, future contract awards shall consider adequate AT performance.**

NOTE: This statement directs contracting personnel to consider AT issues before awarding contracts. This makes it possible for us to put necessary local food and water security and safety assurance provisions into contracts before they are awarded.

2.6.4. Installation ATOs shall:
2.6.4.1. In addition to regularly scheduled FPWGs, meets with installation AFOSI, Security Forces, Intelligence office, medical, fire, **public health**, and other agencies often enough to manage a comprehensive AT program. ATOs will at the same time work closely with intelligence personnel to ensure they possess the full spectrum of threat information. Installation ATOs shall review MOAs/MOUs with the functional experts, at a minimum annually, and assess the adequacy of the MOAs/MOUs to ensure installations are able to respond to terrorist threats/attacks.

2.6.4.7. Organize and conduct installation VAs.
2.6.4.7.1**. Assist commanders of deploying units in obtaining pre-deployment site VA reports and brief personnel on vulnerabilities and mitigation results.**

NOTE: Another reference you can use to ensure your Line leadership is aware of the importance of giving pre-deployment medical threat and threat mitigation briefings to deployers.

2.9. DoD Standard 9 - Threat Information Flow.
2.9.2. Installation commanders shall establish a Threat Working Group (TWG) to address the threat. TWGs generally consist of personnel from AFOSI, IN, SF, **SG (Medical Intelligence Officer)** and the installation ATO. A TWG's primary function is to assess the threat for the commander and recommend courses of action to mitigate or counter the threat. Installation commanders should consider adding other agencies, particularly CE and SV, as appropriate, to enhance the TWG. A TWG does not fulfill the function of a FPWG. The TWG will meet, at a minimum, weekly to review the current threat and advise the installation commander accordingly.

2.15. DoD Standard 15 - Terrorism Threat Assessment. Commanders shall prepare a terrorism threat assessment for those personnel, assets, and mission critical infrastructures for which they have AT responsibilities. Threat assessments shall be prepared at least annually and should identify the full range of known or estimated terrorist capabilities for use in conducting VAs and planning countermeasures. **Threat analysis is required to adequately support risk management decisions of both stationed forces within, and those in-transit through, higher-threat areas including ports, airfields and inland movement routes.** Terrorism threat assessments shall be the basis and justification for recommendations on AT enhancements,

program/budget requests and the establishment of FPCONs.
2.15.4.3. The vulnerability of critical infrastructures, facilities, **food and water**, programs, and systems to acts of terrorism (refer to paragraph **2.26.**).

2.16. DoD Standard 16 - AT Physical Security Measures. AT physical security measures shall be considered, must support, and must be referenced within the AT Plan to ensure an integrated approach to terrorist threats. Where there are multiple commanders at an installation, the installation commander is responsible for coordinating and integrating individual unit physical security plans and measures into the AT Plan.
2.16.2. The AT physical security measures shall integrate facilities, equipment, trained personnel and procedures into a comprehensive effort designed to provide maximum AT protection to personnel and assets. Well-designed AT physical security measures include detection, assessment, delay, denial and notification. This is best accomplished through the development of a synchronized matrix that outlines who will do what, where, when and how. The measures should include provisions for the use of physical structures: physical security equipment; **chemical, biological, radiological detections and protection equipment;** security procedures; RAMs; response forces and emergency measures sufficient to achieve the desired level of AT protection and preparedness to respond to a terrorist attack. RAMs constitute a particularly effective method of deterrence of terrorist attack and should be used for both in place and transiting forces.

2.17. DoD Standard 17 - Terrorist Incident Response Measures.
Limiting the effects and the number of casualties resulting from an attack will undermine the terrorist's overall objectives. An effective incident response strategy and capability can contribute to deterring terrorist attacks if our adversaries recognize the US ability to limit the effects of their attacks. Thus, installation and/or afloat commanders shall prepare installation-wide and/or shipboard terrorist incident response measures. These measures shall include procedures for determining the nature and scope of terrorist incident response; procedures for coordinating security, fire and **medical first responders**; and steps to reconstitute the installation's ability to perform AT measures. Terrorist Incident Response measures should address the full scope of an installation's response to a terrorist incident. The nature of the response depends on many factors. The character of operations underway at the time of the terrorist incident will have significant bearing on the scope, magnitude and intensity of response.
2.17.1. Terrorist incident response measures shall include emergency response and disaster planning/consequence management for installation engineering, security, law enforcement, logistics, **medical, mass casualty response**, transportation, personnel administration and local/host nation support. In addition, special circumstances imposed by the nature of a terrorist attack may require broader analyses to include higher levels of authority or command. A terrorist attack on DoD installations requires immediate, close coordination with higher command.
2.17.1.2. Terrorist incident response measures shall include host nation/local law enforcement procedures to coordinate and employ response including communications, security, fire, explosive ordnance disposal (EOD) and **medical**. As terrorist attacks are criminal acts subject to prosecution, preservation of the scene for evidence collection and processing shall be addressed to the extent possible and when it would not jeopardize human life.

2.18. DoD Standard 18 - Terrorist Consequence Management Measures.
Although not an element of AT, commanders shall include terrorist consequence management preparedness and response measures as an adjunct to the installation AT Plan. The Terrorist Consequence Management measures should include **emergency response** and disaster planning and/or preparedness to respond to a terrorist attack for installation engineering, logistics,

medical, mass casualty response, transportation, personnel administration and local and/or host nation support.
2.18.1.5. **Ensure first responders and treatment personnel are designated**, trained, and equipped to respond to WMD/HAZMAT incidents IAW AFPD 10-26, *Counter-NBC Operational Preparedness;* AFI 10-2501, *Full Spectrum Threat Response, Planning and Operations;* AFH 20-2502, *USAF Weapons of Mass Destruction Threat Planning and Response Handbook;* AFI 32-4002, *HAZMAT Planning and Response Operations* and **AFI 41-106, *Medical Readiness Planning and Training.***

2.24. DoD Standard 24 - Level II Antiterrorism Officer (ATO) Training.
2.24.2.1.4. While not required, each Level II course should add the following capabilities to enhance the effectiveness of their Level II courses:
2.24.2.1.4.1. Consider inviting subject matter experts from agencies such as the FBI, AFOSI, EOD, **Medical Group**, etc., to brief subject areas. Video teleconferencing should be considered, if available.

Table 2.3. Level III Pre-Command AT Training Requirements.
Minimum Training Standard
- Food and Water Vulnerability

2.26. DoD Standard 26 - Vulnerability Assessment of Installations.
2.26.2. There are two types of VAs: the local VA and the higher headquarters VA.
2.26.2.1. Installation commanders shall have the ATO form a multi-functional VA team (i.e., AFOSI, CE, SV, SF, IN, SC, **MG**, etc.) to conduct the local VA. The VA shall address the full spectrum of threats to mission-essential critical infrastructures and assets, security of personnel, physical threats and installation infrastructures. Utilities, facilities with large populations, **food, water**, fire protection, **medical response**, communication centers, etc., shall all be addressed in the assessment. The assessment shall provide solutions for enhanced protection of DoD personnel and resources. Installation commanders shall forward copies of the VA to their NAF and MAJCOM to help coordinate resource allocation and advocacy.
2.26.8. VAs conducted to meet the requirement contained in this standard must assess as a minimum, the following functional areas:
2.26.8.1. AT Plans and Programs. The assessment shall examine the assessed installation's/activity's AT program and ability to accomplish appropriate standards contained in DoDI 2000.16, this AFI, and applicable prescriptive standards established by the appropriate CINC/Service/Agency.
2.26.8.1.1. The assessment shall examine written plans in the areas of counterintelligence, law enforcement liaison, intelligence support, security and **post-incident response (the ability of the installation/activity to respond to terrorist incidents, especially mass casualty events, to include a disease outbreak caused by terrorist use of a biological weapon).**
2.26.8.3. AT Physical Security Measures. The assessment shall determine the assessed installation's/activity's ability to protect personnel by detecting or deterring terrorists, and failing that, to protect by delaying or defending against terrorist acts. Physical security techniques include procedural measures such, as perimeter security, security force training, security surveys, **medical surveillance for unnatural disease outbreaks** and armed response to warning or detection. The assessment shall also determine physical security measures such as fences, lights, **food and water**, intrusion detection devices, access control systems, closed circuit television cameras, personnel (to include Resource Augmentation Duty (READY), vehicle barriers, biological, chemical and radiological agent detectors and filters, and other security systems effectiveness.

2.26.8.5. VAs for Terrorist Use of WMD. The assessment shall assess the vulnerability of installations, facilities and personnel, and family members within their AOR to terrorist use of WMD. **Such assessments address potential use of chemical, biological, nuclear or radiological agents** and shall be developed with supporting base agencies, such as civil engineering, readiness, **medical**, etc.
2.26.8.6.1. The assessment shall determine the integration and feasibility of plans with host nation, local community, MAJCOM, HQ USAF, and inter-service and tenant organizations to provide security, law enforcement, fire, **medical** and emergency response capability in response to terrorist events, with emphasis on mass casualty situations.
2.26.10. Team Composition and Level of Expertise. As a minimum, assessment team composition and level of expertise must support the functional areas assessed. Team membership shall have expertise in the following areas: physical security; civil, electrical or structural engineering; special operations; operational readiness; law enforcement and **medical operations**; infrastructure; intelligence/counterintelligence, information management, and civil engineer readiness for consequence management. In exceptional cases, commanders may be required to tailor team composition and scope of the assessment to meet unique requirements of a particular installation/activity, but must meet the intent of a comprehensive assessment.
2.26.15. There are nine Critical Program Requirements which all installations and agencies must meet to satisfy the basic AT/FP program standards promulgated by DoD. The nine standards are:
2.26.15.1. Comprehensive AT/FP Program Established and Maintained. (Standards 2 and 14)
2.26.15.2. Trained AT Officer (AT)) Assigned in Writing. (Standard 6)
2.26.15.3. Local Threat Assessment Conducted Within Last 12 Months. (Standard 15)
2.26.15.4. Threat Information Notification System Established. (Standard 9)
2.26.15.5. **Comprehensive Local Vulnerability Assessment and Program Review Completed Annually. (Standards 20 and 26)**
2.26.15.6. Signed, Distributed, Executable AT/FP Plan Fully Coordinated with Tasked Units. (Standard 14)
2.26.15.7. At/FP Plan Exercised Annually and Lessons Learned Documented. Standard 19)
2.26.15.8. Countermeasures in Place to Mitigate Known Vulnerabilities. (Standard 14)
2.26.15.9. Adoption/Adherence to "Interim DoD AT/FP Construction Standards." (Standard 28)

2.27. DoD Standard 27 - Pre-deployment AT Vulnerability Assessment.
DoD Components shall ensure the execution of pre-deployment AT VA prior to deployment. At the theater level, Component Commanders shall provide onboard and/or advance-site assessments prior to and during visits to higher-threat areas of Significant or High Threat Levels, or where a geographically specific Terrorism Warning Report is in effect. This includes ports, airfields and inland movement routes that may be used by transiting forces. At the discretion of the geographic CINC, such security efforts may be waived for deployments and/or visits to controlled locations such as existing military installations or ships afloat.
2.27.2. **The senior deploying commander will ensure a pre-deployment VA has been conducted and a counterintelligence threat assessment provided by AFOSI prior to deployment. The assessment team will include medical members qualified to conduct site selection evaluations to include: vulnerability of local food and water sources, medical threats, , local medical capabilities, vector/pest risk assessment, field sanitation and of hygiene of local billeting and public facilities, and environmental risk assessment. Assessments will provide the necessary background data for sizing the force protection package required to reduce the threat to Air Force personnel and assets. MAJCOMs will determine the expertise level for persons conducting these assessments.**

NOTE: Yes, it is Air Force Policy that a pre-deployment VA be accomplished with a

Medic on the team.

2.29. DoD Standard 29 - Facility and Site Evaluation and/or Selection Criteria.

2.29.1. The servicing AFOSI detachment, **medical**, intelligence, security forces and civil engineers, as a minimum, will participate in the site selection process.

NOTE: Validation that Medics are required for the site selection process.

2.30. DoD Standard 30 - AT Guidance for Off-Installation Housing.

2.30.4. Use the VA process outlined in paragraph **2.26.** to ensure proper assessment of off-installation housing, if deemed necessary.

NOTE: Another validation that Medics need to be involved with Off-Base Housing VAs.

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 41-106, Medical Readiness Planning and Training

AFI 48-101, *Aerospace Medical Operations*

AFI 48-116, *Food Safety Program*

AFI 48-119, *Medical Service Environmental Quality Programs*

Field Management of Chemical Casualties Handbook, Chemical Casualty Care Office, Medical Research Institute of Chemical Defense, Aberdeen Proving Ground

MEDIC CD ROM, *Medical Environmental Disease Intelligence and Countermeasures, Armed Forces Medical Intelligence Center, Ft. Detrick, MD*

Medical Management of Biological Casualties Handbook, US Army Medical Research Institute of infectious Diseases

Medical Management of Chemical Casualties Handbook, Medical Research Institute of Chemical Defense, Aberdeen Proving Ground

Food and Water Systems Force Protection Guidelines, Air Force Medical Operations Agency, Bolling AFB, DC

Terms

Environmental Threat Assessment—Multimedia medical assessment for biological, chemical, physical and radiological hazards at an established installation or at a deployment site.

Food and Water Vulnerability—The susceptibility to overt/covert attack of food and water assets or sources that could cause incapacitation or death of personnel.

Force Protection Working Group (FPWG) —The FPWG is the commander's cross-functional working group made up of wing and tenant units. Working group members are responsible for coordinating and providing deliberate planning for all antiterrorism/force protection issues. The FPWG should include representatives from relevant disciplines across the installation, including civil engineering, intelligence, AFOSI, security forces, **public health, bioenvironmental**, disaster preparedness, plans, communications and other agencies the installation commander deems necessary, including tenant units

Medical Intelligence—That category of intelligence resulting from collection, evaluation, analysis and interpretation of foreign medical, bio-scientific and environmental information which is of interest to strategic planning and to military medical planning and operations for the conservation of the fighting strength of friendly forces and the formation of assessments of foreign medical capabilities in both military and civilian sectors. Also called MEDINT.

Personal Force Health Protection—Pre-deployment countermeasures to medical threats, provided by the commander.

Threat Working Group (TWG) —TWGs are an AT/FP advisory body for the commander. Key functions include analyzing threats and providing recommendations to command concerning potential FPCON changes, AT and other measures based upon potential threats to facilities or personnel. Core membership, should include at a minimum, the ATO, AFOSI, Intelligence Office, **Medical Intelligence Officer**, Chief of Security Forces and other agencies as required by the installation commander.

Attachment 6
INFORMATION AND PROCEDURES FOR INSTALLATIONS RECEIVING AIR FORCE SECURITY FORCES CENTER AT/FP VULNERABILITY ASSESSMENTS

A6.1. Vulnerability assessments assist installation commanders in meeting their AT responsibilities and should be viewed as a commander's tool to identify vulnerabilities and options (procedural and technical) to reduce the potential impact of terrorist attacks. The focus of VAs is on the protection of Department of Defense (DoD) personnel and their family members. To best support the installation commander, close coordination between the Vulnerability Assessment Team (VAT) and the commander's staff is necessary. Prior to the VAT's arrival, a message detailing the VAT''s requirements will be sent to the unit being assessed.

A6.2. The following items need to be provided to the VAT prior to their arrival:

A6.2.6. A copy of existing AT plans and related plans (i.e., installation security plans, resource protection plans, force protection plans to include FPCON procedures [mail FPCON material separately or you may have to use procedures for mailing classified documents], emergency preparedness plans, **mass casualty response plans,** terrorist incident response plans, emergency action plans, **medical contingency response plans**, OPLANs 10-2, Base Civil Engineer (BCE) contingency plans, CE general plans, **water VAs**, infrastructure VAs, etc.).

A6.2.16. List of points of contact (POCs) from the following areas: AT Officer/NCO, Security Forces Operations, Physical Security and Planning, AFOSI, CE Engineering Flight, Operations Flight, Readiness Flight, EOD, Fire Department, **Medical Services (Public Health, Bioenvironmental Engineering, mass casualty and triage**), Communications, Public Affairs, Command Post, Intelligence and Staff Judge Advocate (SJA). Please provide the name, rank and contact number for each POC.

A6.3.3. Cooperative agreements or memorandums of understanding with local authorities in the following areas: law enforcement, **medical** and fire services.

A6.3.5. A list of surrounding area hospitals and their capabilities.

A6.3.8. Information on the installation's water systems including a water distribution site plan with wells, reservoirs, treatment facilities and other storage locations.

NOTE: Oops, we missed this one. It doesn't include the requirement to have a valid Food Vulnerability Assessment completed. If you look back at 2.26, DOD Standard 26, food physical security measures must be evaluated. I recommend you have a valid Food Vulnerability Assessment on file because the VA Team will ask to see it. We will ensure this is added next time.